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			Doc	ket Number	H-32682A	
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Address to: MS: Patent Application Commissioner for Patents PO Box 1450

Alexandria, VA 22313-1450

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UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a continuation of prior Application No. 09/408,328, filed September 29, 1999.

Applicant (or identifier): LIEM ET AL.

application is hereby reserved.

FUSOBACTERIUM NECROPHORUM VACCINE AND METHOD Title:

		FOR MAKING SUCH VACCINE
Encl	osed	are:
1. 2. 3.		Specification (Including Claims and Abstract) - 21 pages Drawings - sheets Declaration and Power of Attorney a. Newly executed (original or copy) b. Copy from a prior application (signed or with indication that original was signed) i. Deletion of Inventors Signed statement attached deleting inventor(s) named in the prior application
4.		Incorporation By Reference The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5. 6.		Microfiche Computer Program (appendix) Nucleotide and/or Amino Acid Sequence Submission Computer Readable Copy Paper Copy Statement Verifying Identity of Above Copies
7. 8. 9. 10. 11. 12.		Preliminary Amendment Assignment Papers (Cover Sheet & Document(s)) English Translation of Information Disclosure Statement Certified Copy of Priority Document(s) Return Receipt Postcard Other: ATCC Receipt, Statement of Availability and copy of Revocation and Appointment of Power of Attorney from parent application
\boxtimes	Αp	e right to elect an invention or species that is different from that elected in parent plication No. 09/408,328 in the event of a restriction or election of species purement that is identical or substantially similar to that made in said parent



AUGUST 21, 2003

Date of Deposit

Filing fee calculation:

Date: August 21, 2003

\boxtimes	Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
	Before calculating the filing fee, please cancel claims .

Basic Filing Fee							\$ 750		
Multiple Dependent Claim Fee (\$)							\$ 		
Foreign Language Surcharge (\$)						\$			
	For	Number Number Rate							
Extra Claims	Total Claims	15	-20	0	x	\$	18	=	\$ 0
	Independent Claims	4	-3	1	×	\$	84	=	\$ 84
TOTAL FILING FEE							\$ 834		

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$1104. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

Please address all correspondence to the address associated with customer No. 001095, which is currently:

Thomas Hoxie Novartis Corporate Intellectual Property One Health Plaza, Building 430 East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (973) 781-8064.

Respectfully submitted,

David L. Marks

Attorney for Applicants

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